



**INTERNATIONAL RESCUE COMMITTEE
LIBERIA PROGRAM**

QUARTERLY REPORT

(CONTRACT NO: AID-OFDA- G-15-00109)

APRIL, MAY AND JUNE 2015 REPORT

PRESENTED TO:

**THE USAID OFFICE OF FOREIGN
DISASTER ASSISTANCE**

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I. Executive Summary

PROGRAM TITLE: Restoring Services, Supporting Healing: Addressing the immediate needs of women and girls in the wake of the Ebola crisis

PROJECT NO: AID-OFDA- A-15-00109

AGENCY: International Rescue Committee (IRC)

COUNTRY: Liberia

REPORTING PERIOD: Quarter 1, FY2015: April, May and June 2015

GOAL: Survivors of gender-based violence have access to immediate and life-saving assistance, support and services, and EVD response and prevention actions are gender sensitive

OBJECTIVES: Women and girls have safe and timely access to life saving services GBV services during the EVD period, receive targeted information on the disease, and influence Ebola prevention and response

BENEFICIARIES:

Total Number of Individuals Affected in the Target Area:	1,857,166
Total Number of People Targeted (Individuals):	78,998 beneficiaries (43,443 women, 35,555 men)
Total Number of IDPs Targeted (Individuals):	N/A

LOCATION: Montserrado, Lofa and Nimba Counties, Liberia

DURATION: Seven Months

II. Introduction

On March 31, 2014, an outbreak of EVD was declared in Liberia. While some progress was made towards containing the initial phase of the outbreak, beginning on May 29, 2014, a second wave of cases was identified. At the height of the EVD crisis, nearly every health facility in Montserrado County closed, in Nimba and Lofa county poorly resourced hospitals and clinics lacked the supplies, infrastructure, and capacity to implement proper infection prevention and control (IPC) measures. During this period, the suspension of schools, markets and social gatherings also led to the breakdown of protective barriers against GBV, and the closure of health services, including services for survivors of sexual and gender-based violence, and left women and girls at increased risk of violence and unable to access essential health and protection services. Moreover, two separate assessments conducted by the IRC and Ministry of Children, Gender and Social Protection (MoCGSP) have revealed that women and girls lacked access to accurate information about how to protect themselves from Ebola and access services during the crisis. This gap in information and adequate services persists as an obstacle for women and girls, even as cases decreased and the EVD response focus moved to restoration of health services.

After 42 days passed without incident (the incubation period), Liberia was declared Ebola free on May 9, 2015 by the Government and the World Health Organization. An EVD resurgence occurred, however, on June 28th, with a case in Margibi County. At the time of submission of this report, Liberia currently has 7 confirmed cases and 119 contacts being traced. During the quarter in review, which was a period of minimal to no confirmed EVD cases, the IRC's national case management partner, COWAGIL, continued to receive and support 288 cases of women and girls who experience sexual and physical violence. All cases were managed and referred to appropriate services in the three counties. With the continued prevalence of EVD and parallel cases of GBV, it is paramount that survivors of GBV have access to adequate, immediate and life-saving assistance, support and services, and that EVD response and prevention actions be gender sensitive.

To this end, the IRC in collaboration with the Ministry of Health, UNFPA and other members of the National Gender Based Task force, have worked to improve the standard of the one stop centers in Montserrado, which provide medical and referral services to GBV survivors. Recent assessments, conducted by the IRC Medical Officer, of centers in Montserrado showed an increase in meeting standards, on average from 40% to 80%. However, the average for the six facilities in Lofa and Nimba is still below 80% due to the lack of essential medicines and supplies. The IRC is supporting all facilities by conducting regular weekly monitoring visits in addition to distributing items including filing cabinets, infection prevention control materials, report books and referral cards. Additionally, the IRC is supporting five shelters by providing materials needed to ensure IPC protocols are being practiced.

During the report period, the IRC held two GBV core concept trainings for Ministry of Health (MOH) social workers, who are responsible for identifying, referring and advocating on behalf of survivors at the community level when there are no designated GBV case management partners. This training also included I/NGO in the three counties that provide psychosocial services to increase their skills and knowledge in the prevention and response to GBV. The IRC also conducted three Clinical Care of Sexual Assault Survivors (CCSAS) trainings for medical and non-medical staff from the supported centers and referral health facilities, to ensure GBV survivors are provided with the adequate care and understanding if they seek services. Lastly, through this project the IRC is working with Government Ministries, international and National partners at the national and county level, to improve the access to services and materials for women and girls at risk to GBV and EDV.

III. Summary of Activities

The IRC program activity focuses on three main thematic areas:

- Prevention and response to Gender Based Violence
- Protection coordination, advocacy and information
- Health systems and clinical support

Key program accomplishments during the Q1 period included:

Program Staff recruitment:

The IRC recruited five medical officers in three counties to implement daily activities and conduct weekly monitoring visits of the one stop centers and shelters. The IRC trained the staff in GBV core concepts and EVD training, as well as the CCSAS training. All five staff members have been placed in their field sites and have been conducting activities, including, weekly monitoring visits and audits of each one stop center, participating in trainings of medical staff on Clinical Care of Sexual Assault Survivors (CCSAS), and distributing materials to the health facilities to fill gaps.

Prevention and response to Gender Based Violence:

Training of Psychosocial Workers

The IRC conducted two GVB core concept trainings in Nimba and Montserrado county for 46 (27 males, 20 females) psychosocial workers from the MoGC SP, MOH and the local NGO: Abused Women and Network of Girls Association (AWANGA). The training in Nimba took place on June 18th and 19th, while the training in Montserrado took place from June 25th to 26th. At the end of the trainings participants successfully identified their roles in the prevention and response to GBV as the following:

1. Identify survivors of GBV in their communities of work;
2. Provide counseling including, information on available services, consequences of GBV on women and girls, importance of seeking timely support and appropriate referrals;
3. Follow up to ensure survivors received services for which they were referred;
4. Advocate for proper and timely services for survivors, coordinate with other services providers and create awareness on GBV.



Participants sharing their experience after the exercise of power and status during the GBV core concepts training.

Providing support to Shelters

The IRC identified three shelters and two safe houses across the three counties that are helping to provide a safe space to survivors as they recover from their trauma. One shelter is located in each of the three counties and all are government-accredited shelter for GBV survivors. Safe home are identified as temporary facilities where GBV survivors can seek protection but are not officially recognized as shelters, because they are not equipped to provide a complete package of services to survivors. The two safe homes are located in Montserrado and Nimba county respectively. Of the shelters and safe houses, two are run by local NGOs, two are run by local women's groups and one if run by the MoGCSP. All shelters and safe houses were identified by the local women's groups that provide case management services and staff for the one stop centers. After which, the IRC conducted an audit at all facilities to asses gap in adherence to IPC standards. In response to the findings IRC distributed necessary IPC materials and discussed the staff the importance of following IPC protocols. In July, the IRC will provide sanitary kits, dignity kits, mattresses, bed sheets, and food items to all homes, and restock supplies based on the consumption records.

EVD Prevention Discussions with Girls Groups

The program officer in Montserrado met with three girls groups (240 girls in total) to discuss EVD prevention measures. During these sessions the program officer noticed girls were not properly washing their hands prior to entering the meeting space. In response to this observation the program officer reorganize the indented discussion to focus on proper hand washing and explained the importance of this practice in order to reduce their risk of infection from EVD and other diseases.

Protection, coordination, advocacy and information:

Coordination with MoGCSP, MoH and other key actors

The IRC continues to be a key member of the National GBV Task force and partner to the MoGCSP and the MOH in the prevention and response to GBV and EVD against women and girls in the Country. The IRC is also a member of Lofa and Nimba County level task Forces, IMS Montserrado Psychosocial Pillar, UN and Government joint programs on GBV, and the Protection Core working group. Presently, the IRC is attending all coordination meetings with these groups at the National and

County levels. Under the protection pillar, the IRC has been a participating member in the design of a program aiming to meet the needs of survivors and those affected by EVD.

Updating Referral Pathway Documents

The IRC with county GBV task force members are reviewing the referral pathway documents produced by the County GBV task force members. All available service providers are being reviewed and confirmed, as many shut down during the EVD outbreak. Set to be finalized in mid-July, these documents will identify all available services and service providers in each county. At a national level, a similar referral pathways document is being reviewed under the leadership of the MoGCSP with support from the IRC and other international partners.

Awareness Raising Campaigns on GBV

Through house-to-house awareness talks, the IRC Program Officers in Nimba and Montserrado reached 62 individual beneficiaries in 14 communities. During community wide sessions, the Program Officers, in collaboration with the IRC's case Management partner (COWAGIL), reached 802 community members (women 342, men 161, girls 189 and boys 110). In both house-to-house and community sessions, the IRC and community members discussed types of GBV, negative consequences of GBV, prevention of EVD and where individuals can receive help for GBV or EVD. Referral documents for both GBV and EVD were distributed and contact numbers shared with participants. Additionally, program staff and the partner received cases of GBV, during sessions, which were supported and referred appropriately.

Developing EVD and GBV Messaging

The contract with NGO, Search for Common Ground/Talking Drums Studio (SFCG/TDS) was finalized and will start implementing activities on July 1, 2015. SFCG/TDS will work with 100 girls in five girls groups from Lofa and Montserrado Counties to develop radio messages and dramas about Ebola and GBV services for adolescent girls. The messages will specifically be based on the girls' interests and the message they want to share with other girls and local stakeholders, such as town chiefs, lawmakers and services providers. In preparation for these activities the IRC has started introductory meetings with the girls and their parents in Montserrado and Lofa Counties. The girls groups already established groups that the IRC works with through the Novo Foundation-funded Girl Empower program. The IRC chose to use these groups in place of creating additional groups because they could build off of the already established relationship with the girls and their parents. Preliminary messages developed by the girls are: (1) "Ebola affected persons and survivors are not your enemies, help them to feel free and safe in the community" (2) "Protect children from other sicknesses in the absence of Ebola" (3) "Protect girls affected by Ebola Virus Disease, Do not abuse them".

Health

Restoring Services at One Stop Centers and MoH Referral Health Facilities

The IRC is supporting eleven one stop centers and Ministry of Health referral health facilities to ensure they are able to provide appropriate health services to sexual assault survivors. All facilities, five in Montserrado, three in Nimba and three in Lofa, were assessed at the beginning of the year by the County Task force with support from the IRC who provided assessment training, transportation and refreshments. The assessment was done with a checklist developed by the IRC for health facilities, and updated by the County GBV Task Force to include IPC. The gaps identified in Montserrado included, lack of trained staff on caring for sexual assault survivors in two of the facilities, lack of filing cabinets with locks to store confidential documents, no referral and treatment cards, limited medical report books so they were not using the standard report book, lack of clothing and food for survivors in need and limited IPC solutions. Under this project, the IRC was able to procure and distribute copies of report booklets and referral cards, office supplies, hand sanitizer, antiseptic solution and rolls of paper towels to dry the examination after disinfection.

In Nimba and Lofa, the assessment identified the following gaps; lack of space specifically for GVB services, lack of trained staff responsible for sexual assault survivors, lack of essential drugs including PEP, antibiotics, pregnancy test, pregnancy prevention contraceptive and the need for filing cabinets with locks for storing confidential documents. In Lofa and Nimba, the facilities are not receiving similar support from INGOs or government agencies as in Montserrado. Therefore, the IRC is advocating with UNFPA to extend support to the establishment of one stop centers, as all GBV services and facilities are currently run inside health centers. The IRC is also working with the county health teams to put in place systems to provide standard care and support to survivors of sexual and physical assault; focal people have been identified and trained in the three

main referral facilities, as well as other health facilities and clinics in both counties. In Lofa, a room has been made available at the Kolahun hospital and at Tellewonyan hospital for referral services. In Nimba, a space was set up at Karnplay health center for survivors, however there is no additional space at Saclepea and Sanniquellie Hospital. In response to this, the IRC has identified a possible solution – to provide services to GBV survivors in the existing space for maternal and child health in Saclepea. While in Sanniquellie, one of the consultation rooms in the maternal and child health care space is designated for GBV services, where survivors receive care from the focal person who is also the Officer in Charge (OIC). Additionally, the IRC trained one additional staff on CCSAS to ensure there is proper coverage if the focal person is unavailable.

Due to more substantial gaps at the start of this project in available services, Lofa and Nimba are still not adequate despite their improvements. Therefore the current system will refer survivors reporting within 72 hours to Monrovia so they are able to get the requisite preventive treatment. To ensure these services are available in Lofa and Nimbe, IRC is procuring the requisite drugs for all supported facilities. Advocacy is also ongoing for the Ministry of Health to provide these drugs to these identified referral facilities.

Training of health care providers

The IRC trained 68 health care professionals, security guards and social workers assigned to one stop centers and referral facilities in all three counties on CCSAS. The training in Montserrado took place from June 1-5, 2015 and trainings in Nimba and Lofa were conducted from July 6-10, 2015. Staff at the five established one stop centers in Montserrado are all females, unlike the referral health facilities in Lofa and Nimba, where the focal persons for GBV are predominately male Officers in Charge. In light of this, each facility was encouraged to include female nurses or midwives as backups to ensure there are two personnel responsible for GBV cases at each facility, as well as provide the option of a female provider. Additionally, the non-medical staff including, security guards and social workers, were asked to participate in the first day of the training because it focused on GBV concepts, which are the guiding principles in working with survivors of sexual and physical assault. Since, security guards are often the first point of contact for GBV survivors, knowledge of how to receive patients and be sensitive to GBV survivors is key in helping survivors gain timely access to services without fear. By the end of the training all non-medical staff learned the importance of treating GBV survivors with respect, and how to ensure survivors can access medical care without the fear of judgment or stigmatization. Medical participants, who underwent more specific training learned how to properly:

- Receive survivors and provide medical care with respect and sensitivity;
- Interview survivors considering their concerns and requesting their consent;
- Record all information provided by the survivor;
- Conduct necessary examinations and document findings to be used in court, if desired by the survivor;
- Provide treatment and referrals according to all protocols in a timely manner.

The training report showed that the average score in all pretests was 55%, while the average post test result showed above 80%. Overall, there was an average increase in knowledge of 30%.

IV. Indicator Tracking

	Indicators	Indicator type	Target	Q1		Remark
A. PROTECTION, Sub Sector: Prevention and Response to Gender-Based Violence						
1	Number of people trained in GBV prevention or response, disaggregated by sex	OFDA	Ninety-five (95) governmental and non-governmental social workers (20 in Nimba, 25 in Lofa and 50 in Montserrado) trained in GBV prevention and response core concepts, including legal aid and psychosocial support for GBV survivors	M	F	In Nimba and Montserrado county, IRC trained 47 (27 females, 20 males) MoH psychosocial workers and other National NGO staff, who provide case (26 in Montserrado and 20 in Nimba). During the next quarter, training will be done in Lofa and Montserrado to cover the rest of the participants.
				20	27	
				Total 47		
			Forty-five (45) police officers (10 in Nimba, 10 in Lofa, and 25 in Montserrado) given refresher training in GBV prevention and response core concepts and psychological first aid (PFA) for GBV survivors	M	F	
				0	0	
				Total: 0		

2	Number of risk mitigation strategies undertaken	OFDA	Three (3) shelters ¹ (one per county) are safe for women and girls to access in an EVD context ²	One (1) shelter	The shelter Nimba has just reopened and the Lofa shelter is just being opened by a women's action group with IRC's support. The IRC is in the process of procuring IPC material and other supplies for these two shelters which are ideally located for survivors within each county
			Two (2) safe houses ³ (one in Montserrado and one in Nimba) are safe for women and girls to access in an EVD context	Two (2) safe houses	All safe houses are providing IPC measures and IRC has discussed with staff the important following IPC protocols as a necessary EVD prevention measure.
			90% of safe house and shelters will receive hygiene kits.	0%	Hygiene kits will be distributed during the end of July in Q2 as the materials are being procured.
			Five (5) groups of adolescent girls who were previously enrolled in the Girl Empower program ⁴ (three groups in Montserrado and two in Lofa) hold one discussion	3 girl groups held discussions.	Three girls groups are conducting planning and to hold discussions with in their communities on risk and risk reduction. These discussion will be held when schools are closed at the end of July.

¹ These are government-accredited shelters for GBV survivors, and meet the Liberian Government's requirements for shelters.

² Safe for women and girls to access in an EVD context will, for the purposes of this project, mean these facilities adequately supplied with IPC materials and hygiene kits, so as to reduce the risk of EVD transmission.

³ These are temporary facilities for the protection of GBV survivors and are not officially recognized as shelters, because they are not equipped to provide a complete package of services to GBV survivors. GBV survivors may need to stay in safe houses before being placed in shelters, as not every county has a shelter.

⁴ Girl Empower is an adolescent girls empowerment program funded by the NoVo Foundation. Previously, the IRC implemented the program in Lofa and Montserrado. It is now being implemented in Nimba, but is in start-up there, due to the project's suspension during the Ebola period, so there are no active girls groups in Nimba funded by the IRC.

			per community (a total of five discussions) with other adolescent girls on risks and risk reduction strategies		
			IRC WPE staff hold one (1) meeting per month, per county (a total of 21 meetings over seven months), with existing women's groups and additional women from their communities to discuss EVD and GBV risk mitigation strategies ⁵	28 meetings conducted, (4 per county per month)	IRC conducted a total of 28 meetings in the Monterrado and Nimba Counties over the last quarter with women's groups where discussions on EVD prevention was emphasized. (420 women in total). IRC has faced challenges with hiring a Lofa County program officer so Lofa county meetings have yet to be held.
			2,554 women and girls receive dignity kits, including two sets of underwear, one bar bath soap, one bar of laundry soap, sandals, sanitary pads, tooth brush and tooth paste, and a set of clothes	0 women and girls received kits	Procurement of materials in progress. Additionally, the criteria for distribution has been drafted by and will be finalized by representatives of the county EVD and GBV task forces.
			5,000 women and girls receive solidarity kits including alcohol-based gel for hand hygiene, laundry soap, bathing	0 women and girls received kits	Procurement of materials in progress. Additionally, the criteria for distribution has been drafted by and will be finalized by representatives of the county EVD and GBV task forces.

⁵ These will be scheduled by the IRC WPE staff and will be facilitated by IRC staff.

			soap, and a reusable plastic bag			
B. PROTECTION						
Sub-Sector: Protection, Coordination Advocacy and Information						
3	Number of people trained in protection, disaggregated by sex	OFDA	Seventy five (75) Psychosocial Pillar members trained in gender mainstreaming and protection auditing with IRC protection audit checklists	M	F	These trainings are being planned and will take place during Q2.
				0	0	
				Total: 0		
4	Number of humanitarian policies/practices changed, in accordance with protection principles, for the EVD context	Non-OFDA	One (1) national GBV Standard Operating Procedure (SOP) and three (3) county-level SOPs revised, in accordance with protection principles, to account for EVD, and their respective documents are updated and disseminated	0 SOPs updated		IRC and other partners are supporting the MoGSCP on the review process of the National GBV Standard operating Procedures (GBV SOPs) to incorporate EVD. Once finalized the National SOP will be adopted at the County level in the 15 Counties in Liberia.
			One (1) national and three (3) county-level GBV referral pathway systems are updated, and their	0 referral pathway systems updated		The draft Domestic Violence Law was presented to the cabinet in June and endorsed by the president of Liberia. IRC now is raising awareness on this draft law with local authorities, local civil society groups and the house to encourage parliament for a speedy passage. Many service providers changed during the EVD outbreak. IRC has begun reviewing the current available services and are now updating the Referral documents for distribution.

			respective documents are updated and disseminated		The referral pathway document will be finalized and distributed during Q2.
5	Number of beneficiaries reached through various community-level awareness-raising activities about GBV in an EVD context	Non-OFDA	One thousand (1,000) community members reached through other awareness-raising activities (for example, house to house visits by the Program Officers, and small meetings held in private homes, schools, and public gathering places based on community suggestions) in each of the 55 targeted communities (25 in Lofa, 21 in Nimba, and nine in Montserrado)	864 community members reached in 14 communities	Topics covered included Types of GBV, consequences of GBV, prevention of EVD and where to get support in case of GBV or EVD. 62 beneficiaries reached in discussion groups and 14 communities in Montserrado and Nimba Counties reached over this quarter
6	Number of protection audit checklists completed per county by members of the Psychosocial Pillar and governmental and non-governmental social workers ⁶	Non-OFDA	-	-	Training of Psychosocial Pillar and governmental and non-governmental social workers will take place during Q2. After which this indicator will be tracked.
7	% of completed protection audit checklists that indicate continued or increased adherence to protection principles in Q3 as compared to Q2	Non-OFDA	Eighty percent (80%) of completed protection audit checklists indicate continued or increased adherence to protection principles	0%	
8	Number of protection-related media productions	Non-OFDA	Five (5) radio shows about protection and prevention of EVD and GBV for		IRC's partner Talking Drum began working with adolescent girls to produce Radio shows and messages

⁶ Members of the Psychosocial Pillar will decide whether the audits will be conducted monthly or weekly, and this may vary among the three counties.

			adolescent girls played on public radio ⁷		for mass text messaging. These will be finalized in Q2.	
			Two (2) rounds of mass text messaging in Lofa and Nimba to inform people of available GBV services and EVD risks and risk reduction ⁸			
C. Health						
Sub-sector: Health Systems and Clinical Support						
9	Number of health care facilities supported and/or rehabilitated by type (e.g., primary, secondary, tertiary)	OFDA	Eleven (11) health facilities (five in Montserrado ⁹ , three in Lofa and three in Nimba) supported to have a consistent stock of at least five (5) current adult PEP kits and three (3) child PEP kits	11 facilities supported.		IRC has provided supplies, conducted trainings and weekly visits.
10	Number of health care providers trained by type (e.g., doctor, nurse, security, midwife, and nurse / nurse aid in triage attendant), disaggregated by sex	OFDA	Seventy five health care providers (75) trained in clinical care for sexual assault survivors (CCSAS) ¹⁰	M	F	Attendees included nurses, midwives, Physician Assistants, securities, nurse aid and social workers assigned to health facilities in Lofa, Nimba and Montserrado
				25	43	
				Total: 68		
11	Number of survivors of sexual and gender-based violence provided with clinical care, disaggregated by sex	Non-OFDA	500 GBV survivors provided with clinical care	M	F	
				4	156	

⁷ The IRC will partner with The Search for Common Ground's Talking Drum Studio and the five girls' groups in Lofa and Montserrado to develop an appropriate, dramatic radio program on protection and the prevention of EVD for adolescent girls. Talking Drum will help pull out key issues for adolescent girls and help inform girls about services available to them – both for Ebola and GBV. Each girl's group will record one drama, resulting in five radio shows played on public radio over the course of one and a half months.

⁸ Montserrado is not included, as this activity has been done by multiple other partners in Montserrado.

⁹ The five facilities in Montserrado are officially one-stop centers. The others are referral facilities.

¹⁰ In the Q2 report, data for indicator will be disaggregated by type and sex.

				Total: 160	
12	Percentage of cases of sexual violence that received timely and appropriate health care	Non-OFDA	80% of cases receive timely and appropriate care ¹¹	90%	Of the 160 survivors of survivors: 50 reported within 72 hours and received all the necessary prophylaxis including PEP.
D. HEALTH					
Sub-Sector: Medical Commodities and Pharmaceuticals					
13	Number of supplies distributed by type (e.g. medical kits, equipment, consumables)	OFDA	-		Eleven (1000ML) bottles of antiseptic solution one to each facility, Eleven large bottle (100 ML) of alcohol based hand sanitizers: one to each facility, 1000 copies of medical report booklets, 1000 referral cards, three filling cabinets to three facilities in Nimba and Montserrado.
14	Number and percentage of health facilities, supported by USAID/OFDA, out of stock of selected essential medicines and tracer products for more than one week ¹²	OFDA	Zero facilities	5/11 = 45% facilities supported by USAID/ OFDA are out of stock of essential drugs for over one week.	The five one stop centers in Montserrado are supported by the Ministry of Health through funding from UNFPA. They have limited gaps in the availability of essential drugs and supplies which have been filed by IRC over the past quarter. In Lofa and Nimba, all 6 facilities are experience stock out in essential drugs. IRC has advocated for UNFPA to extend their coverage to Nimba and Lofa. Additionally IRC is procuring PEP kits and other necessary drugs to fill gaps in Nimba and Lofa during Q2.

¹¹ The WPE Medical Officer will collect data monthly on the number cases received and the number of rape cases that received PEP within 72 hours, disaggregated by gender and age.

¹² For this project “selected essential medicines and tracer projects” will be post-exposure prophylaxis (PEP) kits and other items included in the Pharmaceutical Listing. The IRC will ensure that the one-stop centers have enough of these items to manage an average of 110 cases per center per quarter.

V. Constraints and Challenges:

The IRC has faced challenges in hiring for staff in Lofa. All positions have now been filled except for one Program Officer. To overcome this challenge, the position is now only advertised in Lofa County at all of the major offices and in public places. During the EVD outbreak, the Montserrado psychosocial coordination meetings were overshadowed by the National IMS meetings and activities. Additionally, the former Ministry of Health and Social Welfare reorganized and transferred the social welfare division Ministry of Gender now creating the Ministry of Gender, Child and Social Protection. This transfer and decreased focus on psychosocial meetings has slowed activities for Montserrado psychosocial workers, especially the coordination meetings and activities. The meetings are no longer being held on a regular basis due to the lack of space. In response, the IRC will be hosting these meetings to ensure they can occur regularly until the MoGCSP designates an adequate space.

VI. Activities for the Following Quarter

In Q2, the IRC will recruit the WPE Senior Coordinator and one Program Officer for Lofa County. Other activities according to sector are as follows:

Prevention and response to Gender Based Violence

- Conduct two GBV core concept trainings for MoGCSP and other psychosocial and case management services providers in Montserrado and Lofa Counties.
- Provide support to five safe home/shelters in Montserrado, Lofa and Nimba by distributing IPC materials, mattresses, food items and hygiene kits.
- Local partner SFCG/TDS will provide trainings for five girls groups and support them to produce media messages.
- Continue conducting meetings with women's groups and hold community discussion to raise awareness on GBV and EVD.

Protection, coordination, advocacy and information:

- Conduct two protection trainings with implementing partners and members of the Montserrado Psychosocial Pillar.
- In collaboration with the GBV and EVD task forces, local referral path way documents will be finalized and printed for distribution.
- Continue to attending regular weekly and monthly coordination meetings at national and county levels.
- Participate in policy review meetings with the national protection cluster and GBV task Forces.

Health

- The IRC medical officers will continue to conduct regular audits at the 11 one stop centers and referral health facilities to ensure gaps are being addressed and services continue to improve.
- Distribute PEP kits to all referral health facilities and one stop centers in Montserrado, Lofa and Nimba Counties.